

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	455 331	10-24-94 11/14/1994
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	
09	01
28	16
05	06
1	1
2	1
3	3
4	4
5	5
10	6
11	7
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SYMBOLS

✓	Rejected
=	Allowed
- (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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BEST AVAILABLE COPY